

1. CIR/DIST/DIV. CODE FLS		2. PERSON REPRESENTED LAMPKIN, KEITH		3. MAG. DKT./DEF. NUMBER 0:00-006311:008		4. DIST. DKT./DEF. NUMBER 0:00-006311:008		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) United States v. LAMPKIN (HUCK)		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21:846-CDF - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS KASSNER, STEVEN HUNTER 815 PONCE DE LEON STE 303 CORAL GABLES FL 33134 Telephone Number: <i>26</i>				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>✓</i>							
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) <i>EDBY JAN 22 PW 26 KASSNER, HUNTER & DISTRIA PLLC 815 PONCE DE LEON STE 303 CORAL GABLES FL 33134</i>				Signature of Presiding Judicial Officer or By Order of the Court <i>1-18-01</i> Date of Order <i>12/11/00</i> Name Pro Temp Date				Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. CLAIM FOR SERVICES AND EXPENSES CATEGORIES (Attach itemization of services with dates)						HOURS CLAIMED		TOTAL AMOUNT CLAIMED		FOR COURT USE ONLY	
In Court	a. Arraignment and/or Plea										
	b. Bail and Detention Hearings										
	c. Motion Hearings										
	d. Trial										
	e. Sentencing Hearings										
	f. Revocation Hearings										
	g. Appeals Court										
	h. Other (Specify on additional sheets)										
(Rate per hour = \$ <i>5</i>)				TOTALS:							
Out of Court	a. Interviews and Conferences										
	b. Obtaining and reviewing records										
	c. Legal research and brief writing										
	d. Travel time										
	e. Investigative and Other work (Specify on additional sheets)										
	(Rate per hour = \$ <i>2</i>)				TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)										
18.	Other Expenses (other than expert, transcripts, etc.)										
GRAND TOTALS (CLAIMED AND ADJUSTED):											
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION			
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.						Supplemental Payment					
Signature of Attorney: _____						Date: _____					
APPROVED FOR PAYMENT - COURT USE ONLY											
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE		28a. JUDGE / MAG. JUDGE CODE			
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.						DATE		34a. JUDGE CODE			